

CHECK CASHING CHANGE FUND MAINTENANCE

(For use with Policy and Procedure Manual Filing 9,101)

Agency Number _____

Please indicate:

☐ Establish new fund

Current authorized amount \$ _____

Requested increase or decrease \$ _____

☐ Change Responsible employee(s)

New authorized amount \$ _____
(maximum \$5,000)

☐ Request to change amount

Agency Name: _____ Check Cashing Change Fund No. _____

If new fund, amount of fund requested \$ _____ Funds should be from the Benefit Fund.

Name and address of custodial bank for the fund: _____

Account Number: _____

Proposed location of fund (cash): _____

(Building and Room Numbers)

(Street Address)

(City)

Zip Code + 4

Security provided for cash (lock box, locked desk, safe, etc.): _____

Distribution of keys: _____

Designated responsible employees:

Custodian: _____ (Name) _____ (Position)

Alternate
Custodian: _____ (Name) _____ (Position)

Supervising
Employee(s): _____ (Name) _____ (Position)

_____ (Name) _____ (Position)

Auditor: _____ (Name) _____ (Position)

Approved:

I hereby certify that the above check cashing change fund will be used as provided by law and by regulations set out by the Director of Accounts and Reports.

Director of Accounts and Reports

(Date)

Agency Authorized Signature

(Date)

Cancellation

Please cancel Check Cashing Change Fund No. _____

(Please attach copy of deposit slip.)

Agency Authorized Signature

Date